MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/937103

FILING DATE

APPLICANT(S)

CLAIMS: 8/3/4

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1		(		51						
2				1		1	52						
3				1		/	53						
4				1		1	54						
5				1		(	55						
6				1		1	56						
7				1		/	57						
8				1		t	58						
9			1		1		59						
10				1		/	60						
11						1	61						
12						/	62						
13						1	63						
14						1	64						
15						/	65						
16						1	66						
17							67						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			2		2		TOTAL IND.						
TOTAL DEP.			5		14		TOTAL DEP.						
TOTAL CLAIMS			10		16		TOTAL CLAIMS						

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

FORM PTO-1360 (REV. 3-78)

U.S. DEPARTMENT OF COMMERCE
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